PTO/SB/01 (12-97)
Approved e through 9/30/00.OMB 0651-0032
Patent and Trademark Office. .S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

nan

As a below named Invento	or, I hereby decla	re that:							
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original names are listed below) o									
METHOD AN		TUS FOR CREA YSTEM USING A	=		RMED DAT	ABASE			
		(Title of the Ir	vention)		14.4				
the specification of which is attached hereto OR	,		ŕ						
was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number	and was amend	ed on (MM/DD/YYYY)	(if applical	ole).					
I hereby state that I have amended by any amendment			of the above ide	entified speci	fication, including	the claims, as			
I acknowledge the duty to di	· ·		entability as defir	ed in 37 CFR	1.56.				
I hereby claim foreign prior certificate, or 365(a) of any America, listed below and h or of any PCT international	y PCT internation have also identifie	nal application which des ed below, by checking the	ignated at least box, any foreig	one country	other than the top of the other than the terminal of the other than the other tha	United States of			
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priori Not Cla		Certified Co YES	py Attached? NO			
					_	$\overline{\Box}$			
			0			П			
Additional foreign applic	ation numbers are	l	I priority data sh	eet PTO/SB/0	128 attached here				
I hereby claim the benefit ur			•			· · · · · · · · · · · · · · · · · · ·			
Application Numbe		Filing Date (MM/DD							
60/145,700		07/26/99		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.					

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

Œ

PTO/SB/01 (12-97)

Approved to use through 9/30/00.OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available

between the filing	date of	the prior application	on and	the nat	tional or P	CT in	ternation	nal fili	ing date	of this	application	n.		
U.C. Barra	4	-li-adian an BO	T D						•	Date	Pa		atent Number	,
U.S. Parent Application or PC				T Parent Number				(MM/DD/YYYY)				(if applicable)		
							:							
		international appli						·····						_
As a named inventor Patent and Tradema					ed practition				this ap	plication	and to tra		Ill business in the	!
				OR			L		_				Number Bar Code Label here	
				☐ Re Registr		ractitio	ner(s) na	me/re	egistrati	on numb	er listed be		Poglotration	_
N	lame			Num					Name				Registration Number	
								_						
☐ Additional regis	tered pra	actitioner(s) named	l on su	pplemer	ntal Regist	ered F	Practition	er Info	ormation	sheet F	PTO/SB/02	C attacl	ned hereto.	
Direct all correspo	ondence	to: 🛛 Custom	er Nun	nber		21	1971		1 6		Carrage and			_
·		or Bar (Code L	abel	<u> </u>	21	1971		1		Correspon	aence	address below	
Name	Richa	rd L. Gregory, Jr.			_									_
Address	Wilso	n Sonsini Goodric	h & Ro	osati										
^Address	650 P	age Mill Road												
City	Palo /	Alto					State	С	;A	ZIP	94304			
Country	U.S.		Tele	phone	650-	493-9	300			Fax	650-493-	6811		
I hereby declare the believed to be true;	at all sta	tements made her	rein of	my own	knowledg made with	je are	true and	that e that	all state	ements i	made on ir	nformati	on and belief are	
punishable by fine application or any p	or impris	sonment, or both,	under	18 U.S.	C. 1001 a	nd tha	at such w	rillful f	false sta	atements	s may jeop	ardize	the validity of the	ŧ
Name of Sole				1					an Ela	-J & 4h-				-
Name of Sole	OI FII	St ilivelitor.		<u> </u>		A pe	ennon n	as be			is unsign		entor	_
Given Name (first and middle			e (if any)				Family Name or Surname							_
		Weissman								_				
Inventor's Signature				- 							Date		T	
Residence: City Belmont		Belmont	s	tate	te CA.		Country		USA		Citizenship		USA	
Post Office Addre	ess	735 Old Count	ry Roa	ad, Apa	rtment C									_
Post Office Addre	ess				··· -									
City		Belmont State CA.					ZIP		940	02	Countr	у	USA	
Additional inve	ntors a	e being named o	n the (One) 1`	suppleme	ental /	Addition	al Inve	entor(s) sheet(s) PTO/SE	3/02A a	ttached hereto:	_

PTO/SB/02A (3-97) Approved for use through 9/30/98,OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional	Joint Inventor,	if any:			A petition h	nas t	peen filed for	this unsig	ned	inventor		
Given Name (first and middle (if any)				Family Name or Surname								
Gregory Vincent							Wal	sh				
Inventor's Signature							Date					
Residence: City	Cupertino	State	CA	CA. Country USA			USA	Citizensh	USA			
Post Office Address	16000 Montebello Road											
Post Office Address												
City	Cupertino	State	CA	CA. ZIP 95014		95014	Country		USA			
Name of Additional	Joint Inventor,	if any:			A petition h	nas b	peen filed for	this unsig	ned	inventor		
Given Name	(first and middle (if	any)		Family Name or Surname								
E	Eliot Leonard			Wegbreit								
Inventor's Signature		· · · · · · · · · · · · · · · · · · ·	Date									
City	Palo Alto	State	CA	CA. Country USA			USA	Citizenship		USA		
Post Office Address	1516 Dana Avenu	ie			,							
Post Office Address												
City	Palo Alto	State	C/	A. ZIP 94303			Country		USA			
Name of Additional	Joint Inventor,	if any:			A petition h	nas b	peen filed for	this unsig	ned	inventor		
Given Name	(first and middle (if	fany)				F	Family Name	or Surnam	e			
		Jain										
Inventor's Signature								Date				
City	Sunnyvale	State	CA.		Country USA		Citizenship		USA			
Post Office Address	1063 Morse Aven	ue #22-301										
Post Office Address		T										
City	Sunnyvale	State	CA	١.	ZIP	ZIP 94089		Country		India		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.